

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement of \$3,700.00 for date of service, 09/27/01.
- b. The request was received on 06/19/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Position Statement taken from Table of Disputed Services
 - b. HCFA(s)
 - c. EOB/TWCC 62 forms/Medical Audit summary
 - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC 60 with Initial Response
 - b. HCFA(s)
 - c. Medical Audit summary/EOB/TWCC 62 form
 - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. The Commission requested two copies of additional documentation via a Fee Letter (MR116) that was mailed to the Requestor on 07/15/02. The Requestor did not respond per Rule 133.307 (g)(3). Therefore, the commission could not forward any additional documentation to the Respondent per Rule 133.307 (g)(4). The Respondent's initial response is listed in Exhibit II.

III. PARTIES' POSITIONS

1. Requestor: Taken from the Table of Disputes Services
"IDET should be paid at higher amount, CPT code was changed 3 times to 64999."
2. Respondent: No Position Statement received.

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 9/27/01.
2. This decision is being written based on the documentation that was in the file at the time it was assigned to this Medical Dispute Resolution Officer.
3. Per the Requestor's Table of Disputed Services, the Requestor billed the Carrier \$4,100.00 for CPT code 64999 for services rendered on the above date in dispute. The Carrier has paid \$400.00.
4. The Carrier denied additional reimbursement as "CPT code 62289 *INJ NEUROLYTIC SUBSTANCE; F-FEE GUIDELINE MAR REDUCTION CODE WAS NOT CHANGED. RECOMMENDATION BASED ON 62282."

2. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS (Maximum Allowable Reimbursement)	REFERENCE	RATIONALE:
09/27/01	64999	\$4,100.00	\$400.00	The CPT code billed was 64999. The EOB reflects CPT Code 62282 and was denied as F.	DOP	TWCC Rule 133.301 (b) (2)	<p>The Provider submitted their HFCA using CPT Code 64999 for an IDET procedure. The Carrier's EOB reflects the CPT Code was changed to 62282.</p> <p>The insurance carrier cannot change a billing code nor can they reimburse at another billing codes value unless they have contacted the Provider and they agree to the change.</p> <p>The Carrier has not submitted documentation to support that an agreement was entered with the Provider to change the CPT Code.</p> <p>Therefore, reimbursement is recommended in the amount of \$3,700.00</p>
Totals		\$4,100.00	\$400.00				The Requestor is entitled to reimbursement in the amount of \$3,700.00

The above Findings and Decision are hereby issued this 20th day of March 2003.

Pat DeVries
 Medical Dispute Resolution Officer
 Medical Review Division
 PD/pd

VI. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$3,700.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 20th day of March 2003.

Carolyn Ollar
Supervisor - Medical Dispute Resolution Officer
Medical Review Division

CO/pd